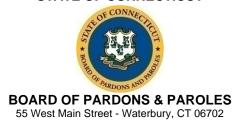
STATE OF CONNECTICUT



APPLICATION FOR A CONNECTICUT FULL or PROVISIONAL PARDON

Please type or print legibly in ink the answers to the following questions. Each question **must** be answered fully, truthfully, and accurately. **Any omission or falsification will constitute grounds for denial or revocation.**

SECTION 1: Applicant Information:								
Last Name	F	First Nan	ne			Middle Na	ame	
Provisional Par Any applicant, who For more informatic Provisional Pardon	is eligible for a Fu on about Provision	ull Pardo nal Pardo	n, will autor ons, please	natically b see 'Instru	e conside actions fo	red for a F or Comple	eting a Full or	
Date of Birth:	SSN:		Place of Bir	th:			Gender:	
ADDRESS (Number	and Street):				Apt Number/ Floor/ Suite			
CITY:					STATE:	Zip Code	::	
HOME PHONE NUM	IBER:		BUSINE	BUSINESS PHONE NUMBER: EXTENSION:			ISION:	
() -			()	() -				
CELLULAR PHONE NUMBER:				E-MAIL ADDRESS:				
Do you have a drive	er's license:	If ves	, issuing sta	ite:				
Yes No			se Number:					
		1						
	S	ECTION	2: Family	Informat	ion			
Please list all mem	bers of your hou	usehold	below:					
Name:				Age:	Relation	ship:		
1.								
2.								
3.								
I /I					1			

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www.ct.gov/doc/bopp
Application for a Connecticut Pardon
Rev 5/22/2012 AAM

Applicant Last Name: _______Applicant Date of Birth: ______

How long have you lived	at your current a	address?				
Current Marital Status:	Single	Divorced	Widow	Civil Union		
	Married	Separated	Widower			
Current Spouse / Partner'	s Current A	Address (if different fron	n your current	Current Phone		
Name	Number					
How many children do yo						
Are you current with all co	ourt ordered chil	d support (if applicable)?	No		
Not applicable						
If you answered no, what		your failure to pay? Do	escribe any agreer	nent you have made		
to satisfy your payment o	bligation:					
	SF	CTION 3: Other Name)C			
State every other name b				our use of another		
name, and the dates during	,	•	,			
name, aliases, and nickna			,			
1.						
2.						
3.						
	SECTION 4	: Previous Application	n History			
Have you applied for parc		Yes No				
If yes, please state the mo		ı İ				
Was a pardon granted?	Yes No	If yes, type of Pardor	n granted:			
The reason(s) for denial and date the Board suggested you reapply:						
	CECTION	N 5: Citizenship Infori	mation			
Are you a citizen of the U			No			
If no, what is your country		interica: res	INO			
If fio, what is your country	7 Of Citizenship:					
	SECTION	6: Pistol Permit Rest	oration:			
Are you requesting a parc	don in order to re	estore your right to obt	ain a pistol permit	? Yes No		
If yes, please explain why	you are seeking	a permit to carry a han	dgun:			

SECTION 7: Educational Background:														
Check the highest grade completed:														
1 2 3 4	5	6	, <u> </u>		\square	8	+	9	1	-	10	ŀ	11	12
13 14 15 16 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	17	18		19		2(2			22	LL	23	24+
List any educational or other specia	_	-							-			_		
school name, dates attended, degree the type of training and agency that				-					-					ig, note
	-			_			uiu	atta	CII	а	сору с	,, ,	iiiy	
certificates, diplomas or transcripts received to the application.														
	SECTIO	N 8:	Mil	litarv	Re	cord:								
Were you ever in any branch of the					ÌΥє		Т	No						
If you answered yes, please answer							_							
Branch of service:	Date o		·:				Dat	e of	Disc	ch	narge:			
		,									J			
Did you serve in the National	Type o	f Disch	narq	e:			Ran	k at	Dis	ch	narge:			
Guard? Yes No	71		- 5								- 3			
Attach a copy of your separation	papers (l	Form [DD-	214)	or	your	mil	itary	ID	(DD Fo	rm	2) if y	you are
currently on active duty.	-													
\$	SECTION	9: CI	RIM	IINAL	. HI	STO	RY							
Have you ever been incarcerated in	Connecti	cut?	\	es [١	٥V	Inn	nate	Nui	m	ber (if	kno	own):	
Do you currently have any pending criminal charges, either federal or state? \square Yes \square No If yes,														
list the pending criminal charges, the	-	g agen	cy, o	and th	ne c	ourt	n w	hich	the	? C	ase is p	oen	ding.	If you
need more space, attach an addition	al page.													
SECTION 9: CRIMINAL HISTORY														
All convictions for which you are seeking a pardon must be listed. Any willful omission will be														
considered falsification and grounds for denial of your application. You should rely on your memory in														
addition to the official criminal record that was obtained from the State Police. If needed, check with														
these agencies for additional record				_										
If you are uncertain about any conv						-	_		_					
exact dates and charges or the circu	rnstance:	s. This	sta	teme	nt r	nay p	rev	ent y	our	r a	іррііса	ίΟΙ	n trom	being
denied for falsification.														

Start with your most recent conviction and work backwards until all convictions are listed. Attach additional sheets if necessary.

Starting with the most recent conviction and in your own words, provide a complete and detailed account of each conviction. Explain when, how and why each offense was committed, include the date and location of the incident. Explain any violations of probation or parole associated with the conviction, if applicable.

	Conviction #1 (most red	cent conviction)
Docket number:	Disposition Date:	Sentence:
Crime(s) Convicted of on this	docket:	
	Conviction	#2
Docket number:	Disposition Date:	Sentence:
Crime(s) Convicted of on this	docket:	

Conviction #3

Docket number:	Disposition Date:	Sentence:
Crime(s) Convicted of on th	is docket:	
format as above.	e more than 5 chilinar convic	ctions. Attach additional sheets using the same
or address if known: DO N	IOT attempt to contact any	ictim(s) of your crime(s) and phone number known victim/s. If there was not a victim tity of your victim, your application will still be
	al conviction, the date of the	r state or federal jurisdiction? Yes No conviction, the crime for which you were
How long have you remaine crime free?	ed	

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SECTION 10: Employment History

List your last three (3) employers. Start with your present employer and work backwards. For each period you were unemployed, give the dates and reason. **Attach a current pay stub or W-2 form to verify your present employment.**

Official job title (start with current or most recent job)		Company Name		Type of business			
Title and name of imme	diate supervisor	Dept. where assigned		Business phone number			
Employed from (mo.) (yr.)	To: (mo.) (yr.)	Total (years. mos.)	Hours worked per week		May we contact this employer? Yes No		
Business address			Reason for	leaving			
 Reason for gap in 	employment (if	any):					
Official job title		Company name		Type of business			
Title and name of imme	diate supervisor	Dept. where assigned		Business phone number () -			
Employed From (mo.) (yr.)	To: (mo.) (yr.)	Total (years. mos.)	Hours worked per week		May we contact this employer? Yes No		
Business' full address		Reason for Lea		Leaving	eaving		
 Reason for gap in 	employment (if a	any):	•				
Official job title		Company name		Type of business			
Title and name of immediate supervisor		Dept. where assigned		Business phone number			
Employed From (mo.) (yr.)	To: (mo.) (yr.)	Total (years. mos.)	Hours worked per week		May we contact this employer? Yes No		
Business full address		Reason fo		leaving			

If you are applying for a provisional pardon or requesting a full pardon for employment purposes, what type of employment are you seeking? SECTION 11: Substance Abuse and Treatment Information:	Employment Desired:
SECTION 11: Substance Abuse and Treatment Information: Have you ever been addicted to or abused alcohol, or any other type of drug?	
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Have you ever been addicted to or abused alcohol, or any other type of drug?	
Have you ever been addicted to or abused alcohol, or any other type of drug?	
Have you ever been addicted to or abused alcohol, or any other type of drug?	
Have you ever been addicted to or abused alcohol, or any other type of drug?	
If yes, describe the type of alcohol/drug abuse and dates of the addiction or abuse: Have you ever sought or participated in counseling, treatment, or a rehabilitation program for alcohol or other drug abuse (i.e. AA, NA, 12 Step Programs, etc.)? Yes No If yes, specify the dates of treatment or counseling, and provide the full name, address, and telephone number of the treatment facility and of the doctor, counselor, or other treatment provider. Indicate whether you completed the treatment program and the description of help received Attach any certificates or proof of participation to the end of this package. Are there any other types of treatment in which you have participated? Yes No If yes, specify the dates of treatment or counseling, and provide the full name, address, and telephone number of the treatment facility and of the doctor, counselor, or other treatment provider. Indicate whether you completed the program and whether you believe you benefitted from the treatment	
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SECTION 12: Volunteer, Charitable and Community Activities
Describe any charitable, volunteer, church or civic activities in which you have been engaged or any other contributions you have made to the community since your conviction. List the names
of any organizations in which you have participated, the time periods of your participation, your
role in these activities, and the name, address, and telephone number of a person associated with each organization who is familiar with your involvement. Attach additional sheet(s) if necessary.
· · · · · · · · · · · · · · · · · · ·
SECTION 13: Purpose of Application
State your reason(s) for seeking a pardon:
In your own words, how have you changed since your criminal activity? You may also use this section to inform the Pardons Board about anything else that you would like considered as part of your
application. Attach additional sheet(s) if necessary.

	SECTION 13 Cont	
	ompleting this pardon application? Yes No	_
	g information about the person / group:	
Name / Group	Address	Phone Number
If the person who assisted your result of the person who assisted your result of the person who assisted your results are results.	ou is an attorney, will they represent you if a hearing	is granted?
NOTE: If the person who a	ssisted you is an attorney and he/she will represe	ent you throughout
	Pardons Board will send correspondence only to	

Background Investigation Authorization:

This is to certify that I have applied for a pardon with the Connecticut Board of Pardons and Paroles and have completed this application fully, truthfully, and accurately. I acknowledge that an investigation will be conducted.
In consideration for the processing of my application, I,, formerly known as, do hereby agree to the following:
WAIVER OF LIABILITY AND INFORMATION TO BE RELEASED: Having made application to the Connecticut Board of Pardons and Paroles for a pardon, I would like a panel of the Pardons Board to consider it an accurate reflection of my criminal history, record and character, I authorize the release of any and all information, verbal and/or written, which includes but is not limited to, information related to current or previous employment, personnel records, criminal records, educational records, any investigative records, credit records, tax or bank records, correctional records, sealed records, confidential records or information previously agreed to be withheld, opinions of my character or conduct, and any and all information that a person or entity may have concerning me, and I agree to hold all entities and persons from any liability arising out of the furnishing of said information. I understand that I may be required to complete an additional authorization form allowing the Board to obtain any relevant medical records or mental health records.
INFORMATION TO BE RELEASED FROM: Any person or entity who may have knowledge of the above named individual, including but not limited to friends, family members, neighbors, acquaintances, co-workers, businesses, previous or current employers, any law enforcement or correctional facility or agency, any credit reporting bureau, any educational facility or institution, any financial institution, or any other person centity deemed relevant by the Pardons Board or officer conducting the background investigation incident to my application for a pardon, may furnish said information.
INFORMATION TO BE RELEASED TO: The Connecticut Board of Pardons and Paroles or its designated agent.
PURPOSE OF RELEASE: I, the above named applicant, have requested a pardon from the Connecticut Board of Pardons and Paroles. The members of the pardons panel may consider a wide range of factors including my character, conduct, criminal record, mental or medical health status and any other significant history about me incident to my application for a pardon. I understand that my authorization under this Waiver and Liability Release is voluntary and that I may refuse to sign this document. I understand that I am not entitled to receive or examine, review or otherwise discover the contents of the information gathered or disclosed in the course of the investigation incident to my application for pardon. I understand that if I refuse to sign this authorization document, my application for pardon will not be considered. I understand that information gathered may become public record if the subject application is brought for consideration at a meeting before the Pardons Board. I understand that I may revoke this authorization under this Waiver and Liability Release at any time by notifying the Pardons Board in writing at 55 West Main St, Waterbury, CT 06702, except to the extent that action has taken place in reliance on this authorization document. I understand that any such revocation of authorization will result in the termination of any pardons investigation or termination of further consideration for a pardon.
NEW INFORMATION: I certify that I have not been convicted of any other crimes in the State of Connecticut or in any other state or federal jurisdiction in addition to those offenses listed on the attached petition for a pardon. I affirm that I do not have any pending criminal actions in the State of Connecticut or in any other state or federal jurisdiction. I affirm that any police reports or official information that I have forwarded to the Pardons Board have not been altered or have any pages omitted. I will notify the Pardons Board, in writing, of the existence of any additional criminal matters that are pending against me or of any new arrests, from the time that this affidavit is executed, to the date that a pardon certificate may be issued by the Board.
This waiver shall apply to any right of action of any nature whatsoever, which may accrue to me, my heirs, or my personal representative(s). Copies of this authorization, with my signature, are deemed to be as valid as the original release, signed by me. This authorization is valid for three (3) years from the date signed.
Dated this day of, 20
Applicant's Signature
Subscribed and Sworn before me this day of
Signature of Notary or Commissioner of Superior Court My Commission Expires on: (Notary Seal)

STATISTICAL and RESEARCH INFORMATION SHEET

This section is optional and will be used for research and statistical purposes only. **NOTE: This section will not be given to any Board members.**

Contact Information:
Full Name:
Phone Number:
Address:
Email Address:
RACE / ETHNIC DATA
BLACK (not of Hispanic Origin): Persons having origins in any of the black racial groups of
Africa.
HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish
<u>cul</u> ture or origin, regardless of race.
WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of
Europe, North Africa, or the Middle East.
AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original
peoples of North America, and who maintain cultural identification through tribal affiliation or
community recognition.
ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far
East, Southeast Asia the Indian subcontinent or the Pacific Islands. This area includes, for
example, China, Japan, Korea, the Philippine Islands, and Samoa.
OTHER: (Please Specify) -
Future Studies:
Management of the Color Conditional Leading and Second Sec
May we contact you in the future for data collection purposes? Yes No



STATE OF CONNECTICUT

BOARD OF PARDONS AND PAROLES
55 West Main Street - Waterbury, CT 06702
Pardon Reference Questionnaire



The following three pages are reference questionnaire forms.

Have at least three people who are familiar with your character completely fill out the questionnaires and return it to you. *Only one reference may come from a family member who is related by blood or marriage.* References can attach a letter to the questionnaire form as long as they indicate that they understand that you are applying for a pardon and they list all of the crimes for which you have been convicted.

NOTE: All of the crimes for which you are seeking a pardon must be listed on all of the submitted reference questionnaire forms or letters. If you fail to do this, the reference form/s may be returned to you for proper completion before further processing of your application.

www.ct.gov/doc/bopp

Application for a Connecticut Pardon

Rev 5/22/2012 AAM

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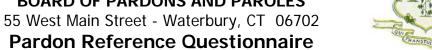
Applicant Last Name: ______Applicant Date of Birth: _____



Applicant's Name:

STATE OF CONNECTICUT

BOARD OF PARDONS AND PAROLES



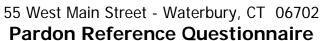
Reference's Name:			
ADDRESS (Number and Street):			Apartment Number / Floor
CITY:		STATE:	Zip Code:
HOME PHONE NUMBER:	BUSINESS PHONE	NUMBER:	EXTENSION:
CELLULAR PHONE NUMBER:	E-MAIL ADDRESS	:	
1. What is your relationship to the petitioner?			
2. How long have you known the petitioner?			
3. Please list ALL the offenses the petitioner wa	as convicted of:		
4. In <u>detail</u> , please give your reasons as to why pardon.	you believe the	petitione	r should be granted a
You may attach additional pages or a letter to this form, but	this form needs to he	completed i	and submitted with the nardon netitic
By signing this form, I understand and agree that an empl that the information on this form is correct or to obtain a	loyee of the Board of	Pardons ar	nd Paroles may contact me to verify
Signature of Reference			Date
www.ct.gov/doc/bopp Application for a Connecticut Pardon	13 Applicant La	st Name:	



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STATE OF CONNECTICUT

BOARD OF PARDONS AND PAROLES





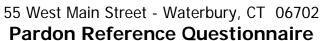
Applicant's Name:	
Reference's Name:	LA control of New Lond Flore
ADDRESS (Number and Street):	Apartment Number / Floor
CITY:	STATE: Zip Code:
HOME PHONE NUMBER:	BUSINESS PHONE NUMBER: EXTENSION:
() -	() -
CELLULAR PHONE NUMBER:	E-MAIL ADDRESS:
,	'
1. What is your relationship to the po	etitioner?
2. How love hove you know the not	tition or 2
2. How long have you known the pet	utioner?
3. Please list ALL the offenses the pe	etitioner was convicted of:
1. In detail, please give your reason	ns as to why you believe the petitioner should be granted a
oardon.	
_	
You may attach additional pages or a letter to	this form, but this form needs to be completed and submitted with the pardon pet
By signing this form, I understand and agree that the information on this form is correct of	ee that an employee of the Board of Pardons and Paroles may contact me to versor to obtain more information if necessary.
Signature of Reference	Date
www.ct.gov/doc/bopp Application for a Connecticut Pardon	14 Applicant Last Name:
Application for a confecuent Faluoti	rippindant Edit Numo.

Applicant Date of Birth:



STATE OF CONNECTICUT

BOARD OF PARDONS AND PAROLES





Applicant's Name:					
Reference's Name:					
ADDRESS (Number and Street):			Apartment Number / Floor		
CITY:	g-	TATE:	Zip Code:		
	3	IAIL.	zip code.		
HOME PHONE NUMBER:	BUSINESS PHONE NU	JMBER:	EXTENSION:		
CELLULAR PHONE NUMBER:	E-MAIL ADDRESS:	() -			
CELLULAR PHONE NUMBER:	E-MAIL ADDRESS:	E-MAIL ADDRESS:			
_					
1. What is your relationship to the petitioner	?				
2. How long have you known the petitioner?					
2 Diagon list Al I the offences the notitioner	· was convicted of				
3. Please list ALL the offenses the petitioner	was convicted or:				
4. In <u>detail</u> , please give your reasons as to v	vhy you believe the pe	etitioner	should be granted a		
pardon.					
You may attach additional pages or a letter to this form,	but this form needs to be co	mpleted a	nd submitted with the pardon petition.		
By signing this form, I understand and agree that an e			d Paroles may contact me to verify		
the information on this form is correct or to obtain mo	ore information if necessary	7.			
Signature of Reference			Date		
www.ct.gov/doc/bopp	15				



STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION DIVISION OF STATE POLICE BUREAU OF IDENTIFICATION



CRIMINAL HISTORY REQUEST (PARDON)

(Type or print clearly)				
Date:				
Name of Requester:				
Address:				
City:	State:		Zip:	·
Contact Phone Number:	E-ma	il		
,	st with check or money order to: DESPP-Division of State Police Bureau of Identification 1111 Country Club Road Middletown, CT 06457-2389			
				/ /
Subjects First Name MI		Last Name		Date of Birth
Please list any maiden names, alias r	names, or alias da	ates of birth used	:	

DPS-0846-C-2